

SPACE ACTION REQUEST

STD. 9 (REV. 5-93)

INSTRUCTIONS: Complete all applicable sections. Prepare in quadruplicate, provide OREDS 4803s and other attachments as necessary, and submit to Department of General Services, Office of Real Estate and Design Services (OREDS), 400 R Street, Suite 5000, Sacramento, California 95814 (or IMS C-8), as outlined in S.A.M. Section 1400.

NAME OF REQUESTING AGENCY		AGENCY BILLING CODE	FOR OREDS USE ONLY
			TRANSACTION NO.
ADDRESS TO WHICH DOCUMENTS SHOULD BE SENT		NAME AND PHONE NUMBER OF AGENCY CONTACT	DATE
NAME OF UNIT TO OCCUPY SPACE			
PRESENT ADDRESS (Include room number)		DATE REQUESTED ACTION NEEDED	

1. ACTION REQUESTED - Check appropriate box(es)

<input type="checkbox"/> NEW SPACE	<input type="checkbox"/> ALTERATIONS	<input type="checkbox"/> FURNISHINGS REVIEW-EQUIPMENT	<input type="checkbox"/> EXTENSION OF LEASE	<input type="checkbox"/> LEASE TERMINATION	<input type="checkbox"/> STUDY (CONSULTING)
<input type="checkbox"/> ADDITIONAL SPACE	<input type="checkbox"/> REDUCE SPACE	<input type="checkbox"/> RENEWAL OF LEASE	<input type="checkbox"/> OTHER _____		

2. LEASE COST - Check appropriate box

Action requested ☐ WILL ☐ WILL NOT commit current rental budget for this space in the amount of \$300,000 or more per year in any lease year. If so, Department of Finance approval is required in Section 16 prior to final acceptance by OREDS. A completed OREDS 10, Estimate of Occupancy Costs, and OREDS 4083, Space Planning Data, are also required. Lease renewals are exempt unless a 10% or greater space increase or a budget augmentation is required.

3. BUDGET - Check appropriate box

Action requested ☐ WILL ☐ WILL NOT require a budget augmentation for any year within the term of the proposed lease. If so, Department of Finance approval is required in Section 16. If a budget augmentation is not required for any year of the firm term, Agency so certifies in Section 15.

4. TYPE OF SPACE - Check appropriate box(es)

<input type="checkbox"/> STATE-OWNED	<input type="checkbox"/> OFFICE (CONVENTIONAL)	<input type="checkbox"/> STORAGE/ WAREHOUSE	<input type="checkbox"/> EXISTING	<input type="checkbox"/> TEMPORARY (LESS THAN ONE YEAR)
<input type="checkbox"/> LEASED	<input type="checkbox"/> OFFICE (OPEN LANDSCAPING)	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> BUILD-TO-SUIT	<input type="checkbox"/> PERMANENT

5. PRESENT OCCUPANCY STATUS OF SUBJECT UNIT

<input type="checkbox"/> STATE-OWNED SPACE	<input type="checkbox"/> LEASED SPACE	<input type="checkbox"/> NOT HOUSED	PRESENT AREA OCCUPIED SQ. FT.	PRESENT RENTAL \$/MONTH (C/SQ. FT.)
IF LEASED SPACE	EXPIRATION DATE OF PRESENT LEASE	PRESENT LEASE CANCELLABLE AFTER	ON	DAYS NOTICE

6. STAFFING (Attach OREDS 4083 for new space, addition to space, or lease extension if more than 10 P.Y.)

NUMBER OF EMPLOYEES	PRESENT	2 YEARS	5 YEARS	SPACE NEEDED	ESTIMATED SQUARE FEET
Professional/Technical				Office	
Clerical				Storage/Warehouse	
Temporary				Land	
TOTAL				TOTAL	

7. SPECIAL OPERATION REQUIREMENTS/LOCATION PREFERENCE

LOCATION	DOES UNIT'S OPERATION EXTEND BEYOND NORMAL WORKING HOURS (7:00 AM - 6:00 PM)?	PARKING REQUIREMENTS	
Cities	<input type="checkbox"/> NO <input type="checkbox"/> YES <i>If yes, specify days and hours of operation in comments section below.</i>	STATE CARS	PUBLIC
Counties		EMPLOYEES (See Gov. Code 14677)	

COMMENTS (NOTE special facility, hours of operation, etc.)

8. TELECOMMUTING - Check appropriate boxes

HAVE HOME OFFICE TELECOMMUTING AND/OR SATELLITE TELEWORK CENTERS BEEN CONSIDERED IN LIEU OF ADDITIONAL SPACE?	IS DGS TELECOMMUTING CONSULTATION DESIRED?
<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES

9. TELECOMMUNICATIONS

WILL THIS ACTION AFFECT YOUR CURRENT VOICE AND/OR DATA REQUIREMENTS?

☐ NO ☐ YES

CONTINUE ON REVERSE

SPACE ACTION REQUESTSTD. 9 (REV. 5-93) REVERSE **FMC****10. LEASE REQUIREMENTS**

LEASE TERM	STARTING	ENDING	FIRM TERM	RENT TO INCLUDE	GIVE RENTAL BUDGET LIMITATIONS, IF ANY
YEARS			YEARS	<input type="checkbox"/> JANITORIAL <input type="checkbox"/> UTILITIES	

11. ENVIRONMENTAL IMPACT REQUIREMENTS (Complete for new space, additional space, or alterations)

PER CALIFORNIA ENVIRONMENTAL QUALITY ACT OF 1970 (CEQA) - CAC TITLE 14, DIVISION 6, CHAPTER 3 - HAS DGS ENVIRONMENTAL REVIEW COMMITTEE BEEN CONSULTED	ARE DGS ENVIRONMENTAL SERVICES DESIRED
<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, DATE (Attach Correspondence)	<input type="checkbox"/> NO <input type="checkbox"/> YES

12. FUNDING INFORMATION (Complete for alterations or furnishing review-equipment)

ESTIMATED TOTAL COST			IF LEASED SPACE	SOURCE OF FUNDS	<input type="checkbox"/> CAPITAL OUTLAY	<input type="checkbox"/> SUPPORT
ALTERATIONS	CARPET	EQUIPMENT	<input type="checkbox"/> LUMP SUM <input type="checkbox"/> AMORTIZE		CHAPTER NO.	ITEM NO.
\$	\$	\$				

13. RELATED PROJECTS

(List any current projects related to this fund source and include the OREDS Transaction Number and/or Architectural Revolving Fund (ARF) SDO Account Number)

14. JUSTIFICATION

Attach project justification addressing each of the following concerns as applicable:



1. What program changes or authorization mandated this request for space or alterations and why is current space inadequate?
2. What are the location requirements for proposed space action (what are the program reasons and variables affecting the location search area to be used)?
3. What is the expected duration for this proposal to house the program operations subject to this request (rationale for firm term and overall term of lease)?
4. How does the proposal best meet State Regional Asset Management plans?
5. What is the assumed growth rate in this proposal and what is the basis for these assumptions? To what year of the lease is growth space included in the proposal?
6. Why is auxiliary space requested in excess of what currently exists?
7. Explain any request for space in excess of, or not consistent with, standards.
8. Justification for any conference or hearing rooms.
9. Explanation of parking needs and how parking is currently accommodated in current location (also who pays what and total cost now).
10. Explain one-time costs and how they will be paid for if not to be amortized in lease; e.g., moving costs; furnishings; telecommunications systems; equipment; data processing equipment, acquisition, installation and cabling; special tenant improvements.
11. If no budget augmentation is deemed necessary, how will net additional cost (one-time and lease cost) be paid for (redirection from what allotments, fund sources, and programs)?

Indicate any program change or authorization of new staff which mandates an increase in space or alterations; why the current space is inadequate and why new space is needed; where the major increases in costs are indicated, a cost analysis should be included to further clarify the request. If necessary, attach supporting documents. Also indicate specifically what effect a denial of this request will have upon your program responsibilities. Further information may be requested by OREDS.

15. AGENCY APPROVAL

The delegated Agency officials affixing their signatures below, certify that all fiscal impacts, staffing information, and justification (included herein and on the attached Program Data, Estimate of Occupancy Cost, and/or Space Planning Data forms, as necessary) relating to this request, are accurate, complete, and are based on either: (Specify A or B).

☐ A - Actual staffing approved in the most recent budget ☐ B - As approved by the Department of Finance

DEPARTMENTAL BUDGET OFFICER	TYPED NAME AND TITLE	DATE
		
DIRECTOR OR CHIEF DEPUTY DIRECTOR	TYPED NAME AND TITLE	DATE
		

16. FINANCE APPROVAL

The Department of Finance hereby authorizes the OREDS to proceed with this request.

SIGNATURE OF DELEGATED DOF OFFICIAL	TYPED NAME AND TITLE	DATE
